



GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF MOTOR VEHICLES
Washington, DC 20001



Application for Authorization To Operate Government or Leased Vehicles

☐ New ☐ Renewal

NAME OF APPLICANT			SOCIAL SECURITY NUMBER					
<i>Last First MI</i>			<table border="1"><tr><td></td><td></td><td></td></tr></table>					
APPLICANT'S HOME ADDRESS			TITLE					
EMPLOYER - Department - Division - Bureau			EMPLOYER'S ADDRESS					
WORK TELEPHONE NUMBER ()			HOME TELEPHONE NUMBER ()					

REQUEST FOR A DC DRIVER'S LICENSE TO OPERATE GOVERNMENT VEHICLES (To be completed by Supervisor)

IT IS REQUESTED THAT THE ABOVE APPLICANT BE EXAMINED AND ISSUED A LICENSE TO OPERATE DC GOVERNMENT VEHICLES AS A:

☐ PROFESSIONAL DRIVER ☐ REGULAR DRIVER ☐ OCCASIONAL DRIVER

TYPE(S) OF VEHICLE(S) AND MAXIMUM WEIGHT APPLICANT WILL OPERATE:

SIGNATURE OF SUPERVISOR RECOMMENDING ISSUANCE TELEPHONE NUMBER TITLE DATE

DRIVING RECORDS (TO BE COMPLETED BY THE APPLICANT)

NO. OF YEARS LICENSED TO DRIVE	VEHICLE TYPE*	CURRENT DRIVER'S LICENSE NUMBER			STATE ISSUED	DATE	EXPIRATION DATE
RESTRICTION ON STATE LICENSE	SEX	DATE OF BIRTH	HEIGHT	WEIGHT	COLOR OF HAIR	COLOR OF EYES	

*TYPE: Commercial or pleasure vehicle

HAVE YOU EVER COMPLETED A TRAINING COURSE IN DRIVING? ☐ YES ☐ NO IF ANSWER IS "YES", GIVE NAME, DATE AND ADDRESS OF THE ORGANIZATION:

RECORD OF ARRESTS OR SUMMONSES (EXCEPT PARKING) FOR THE PAST FOUR (4) YEARS

DATE	NATURE OR TYPE OF VIOLATION	CITY AND STATE	ACTION TAKEN

RECORD OF ACCIDENTS FOR PAST FOUR (4) YEARS (INCLUDING THOSE ACCIDENTS WHERE NO CHARGES WERE PLACED)

DATE	NATURE OR TYPE OF VIOLATION	CITY AND STATE	ACTION TAKEN

HAS YOUR PERMIT OR PRIVILEGE TO DRIVE EVER BEEN SUSPENDED, REVOKED OR REFUSED IN THE DISTRICT OF COLUMBIA OR ELSEWHERE? IF YES, EXPLAIN BRIEFLY:

HAVE YOU EVER HAD OR BEEN TREATED FOR?

YES NO

☐☐

STROKE OR PARALYSIS

☐☐

FREQUENT HEADACHES

☐☐

ALCOHOLISM

☐☐

FAINTING OR DIZZY SPELLS

☐☐

MENTAL DISORDER

YES NO

☐☐

EPILEPTIC OR CONVULSIVE SEIZURES

☐☐

GLAUCOMA, CATARACTS OR OTHER EYE DISEASE

☐☐

ANY BRAIN DISORDER

☐☐

DIABETES

☐☐

ANY HEART DISORDER

IF YOU ANSWER "YES" TO ANY OF THE ABOVE ITEMS, EXPLAIN EACH ITEM FULLY:

DO YOU HAVE ANY PHYSICAL DISABILITIES NOT MENTIONED ABOVE, EITHER TEMPORARY OR PERMANENT? IF "YES", EXPLAIN FULLY:

ARE YOU REQUIRED TO WEAR: GLASSES WHILE DRIVING?

☐

YES

☐

NO

CONTACT LENSES?

☐

YES

☐

NO

HEARING AID?

☐

YES

☐

NO

ANY FALSE STATEMENTS ON THIS APPLICATION WILL RESULT IN DENIAL, SUSPENSION, OR REVOCATION OF AN AUTHORIZATION CARD TO OPERATE ANY GOVERNMENT VEHICLE.

CERTIFICATION: *I certify that the statements on this application are true and correct to the best of my knowledge.*

SIGNATURE OF APPLICANT:

DATE OF APPLICATION

SIGNATURE OF ISSUING EXAMINER

CLASS OF GOVERNMENT VEHICLES

DATE